FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instruction	_		Office use only
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typying, typ over the lines	e 12FE4M5	Office data drily
For Our Repu	blic's Traditions I	Fund aka FORT F		111111	
ADDRESS (number and	street)	30x 30883			
(Check if add is changed)	ress Linc	oln		NE	68503 -
			CITY	STATE▲	ZIP CODE ▲
committee's e-MA	IL ADDRESS				1
COMMITTEE'S WEB	PAGE ADDRESS (U	IRL)			
COMMITTEE'S FAX 7034306623	NUMBER	١			
2. DATE M 0 8	M / D D / Y	2006			
3. FEC IDENTIFICA	ATION NUMBER	(C C00426494	·	
4. IS THIS STATE	MENT X NEW	V (N) OR	AMENDED (A)	
I certify that I have exam	ined this Statement and	I to the best of my know	vledge and belief it is true, cor	rect and complete	
Type or Print Name of	Treasurer	Mr. T Edward Ant	iinson		
Signature of Treasure	r Electronically File	d by Mr. T Edw a	ard Anfinson	_ Date 08	02 2006
NOTE: Submission of fa			subject the person signing th		
Office Use Only			For further inform Federal Election Co Toll Free 800-424-5 Local 202-694-110	ommission 9530	FEC FORM 1 (Revised 02/2003)

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5.	5. TYPE OF COMMITTEE (Check One)					
	(a) This committee is a principal campaign committee. (Comp	lete the candidate information below.)				
	(b) This committee is an authorized committee, and is NOT a information below.)					
	Name of Candidate					
	Candidate Office Party Affiliation Sought: House	Senate President	State District			
	(c) This committee supports/opposes only one candidate, and	is NOT an authorized committee.				
	Name of Candidate					
	(d) This committee is a (National, State of the Committee) (or subordinate)	(5)	emocratic, publican,etc.) Party.			
	(e) This committee is a separate segregated fund					
	(f) X This committee supports/opposes more than one Federal committee.	andidate, and is NOT a separate segregated ful	nd or party			
6.	6. Name of Any Connected Organization or Affiliated Committee					
l	None					
	Matter Address					
	Mailing Address					
	1	1 1 1				
	CITY	STATE A	ZIP CODE A			
	Relationship					
	Type of Connected Organization:					
	Corporation Corporation w/o Ca	pital Stock Labor Organization	on			
	Membership Organization Trade Association	Cooperative				

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Write or Type Co	ommittee Name						
For Our R	Republic's Traditions	Fund aka FORT Fund					
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
Full Name	Full Name Mr. T Edward Anfinson						
Mailing Addre	ess	PO Box 651374					
		Potomac Falls		20165 137	74		
Title or Positi	ion ♥	CITY A	STATE▲	ZIP CODE A			
	Treasurer		703 Telephone number	430 66	635		
Full Name of Treasurer Mailing Addre		PO Box 651374					
		Potomac Falls	VA	20165 _ 133	74		
Title or Positi	ion ♥	CITY A	STATE ▲	ZIP CODE A			
	Treasurer		Telephone number	430 66	635		
Full Name of Designated Agent	Mr. Steve Ra	lls					
Mailing Addre	ess	PO Box 651374					
		Potomac Falls	VA	20165 137	74		
Title or Positi	ion ♥	CITY A	STATE ▲	ZIP CODE A			
	Assistant Treasu	ırer	Telephone number 703	430 66	635		

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9.	Banks or Other Depositories safety deposit boxes or maintai	· · · · · · · · · · · · · · · · · · ·	s, rents	
	Name of Bank, Depository, etc.			
	Union	Bank & Trust		
	Mailing Address	4243 Pioneer Woods Drive		
		Lincoln NE 68506	6 - [

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷